Monthly Survey Form

For clients served in the month of: _______________________

Agency Acct #__________________________________________

IN ORDER TO CONTINUE RECEIVING FOOD, THIS FORM MUST BE SUBMITTED NO LATER THAN THE 5TH OF EVERY MONTH FOR THE PRECEDING MONTH.

Agency Name: ____________________________

Program Name (if different): ____________________________________________

Address: ____________________________ City: ________ Houston Zip: ____________

Phone Number: ________ Mobile Number: _______________ or __________ County: ______

Contact Person: ____________________________

E-mail: ____________________________

1. **If any of the information listed above has changed, report changes below:**

Address: ____________________________________________

Phone Number: ____________________________ Mobile Number: ____________________________

Contact Person: ____________________________

E-mail: ____________________________

2. Days / Hours of Operation:

   Mon _______am/pm _______am/pm 
   Tue _______am/pm _______am/pm 
   Wed _______am/pm _______am/pm 
   Thurs _______am/pm _______am/pm 
   Fri _______am/pm _______am/pm 
   2nd _______am/pm _______am/pm 
   Sun _______am/pm _______am/pm 

**UNDUPPLICATED NUMBERS: PLEASE SEE # 3 ON PAGE 3 FOR INSTRUCTIONS**

3. Ages of Persons Served

   Infant - ____________
   18-64 ____________
   65 and over _______

4. Race/Ethnicity of Persons Served

   White/Anglo ____________
   African-American ____________
   Hispanic/Latino ____________
   Asian ____________
   Other ____________

Total ____________ = Total ____________________________

(Totals Must equal)
5. Number of clients below poverty _______ Number of clients above poverty ____________.

6. Approximately what % of food did you receive from the Houston Food Bank this Month? ______

7. PANTRY PROGRAMS ONLY: # of households served ______ # of individuals served ______

8. SNACK PROGRAMS ONLY: # of snacks served this month ______

9. MEALSITES ONLY: # of meals served this month ______

10. Do you serve all zip codes: ______ yes ______ no

If no is selected, please list zip codes served ______________________________

11. Client Choice: ______ yes ______ no

12. Social Services:
   Number of clients:
   Employment Assistance ____________
   Nutrition Education _______________
   Health Screenings _________________
   Counseling _______________________
   Social Service Assistance ________ (SNAP, WIC, CHIP, Medicaid)
   Education ________________ (GED, ESL, job training, etc)
   Life Skills _________________ (budgeting, etc)

13. If your agency does not provide any of the social services listed above, did you refer clients to other agencies/ resources: ______ yes ______ no

Please fax or email survey to the attention of the Partner Services Department at:
Fax: 832-202-2878
OR
Email: jmoore@houstonfoodbank.org
Instructions for completing the Monthly Survey Report

Please complete and submit the survey form each month whether or not you received food from the Food Bank or served any clients. The completion of this form is one of the terms of your signed contract with the Houston Food Bank. The form should be submitted by the 5th of the month for the month just ending to avoid any interruptions in service from the Food Bank. Please fill in all of the information that is applicable for your agency. You must complete one separate report for each program. Thank you.

For the month of: This is for the month that you are reporting, not the date that you completed the report. The month reported should include unduplicated numbers from the first to the last day of that month only.

Your contact information has been pre-entered.

1. Updated Information: If the information entered has changed, please provide updated information.

2. Days & Hours of Operation: Include the scheduled hours that you are open.

3. Ages of Persons Served: The # of individuals (not households) in each age range. Please count individuals only once (unduplicated), even though you may have served them more than once during the month. Do not use percentages. (Total must match race and ethnicity total column.)

4. Race/Ethnicity of Persons Served: The # of individuals (not households) in each category. You may estimate this. Do not use percentages. (Total must match ages of persons served total column.)

5. Number of Clients below/above poverty: Using the TEXCAP guidelines, list the number of individuals that are below the guidelines and the number that are above. The total of these two numbers should equal the totals of the age and race served categories. Please contact Agency Services if you need a copy of the TEXCAP guidelines. (DO NOT USE PERCENTAGES, ACTUAL NUMBERS ONLY)

6. % of food received from HFB: Include the percentage of product you received from HFB as opposed to other sources. This percentage may be estimated.

7. Pantry Programs Only: If your program is a food pantry, include the number of families/households and the number of individuals that you provided food for this month. The total of individuals should equal the totals from the age and race served categories.

8. Snack Programs Only: If your program is providing snacks, please include the total number of snacks that you served for this month. (No pantries should be serving snacks.)

9. Meal site Programs Only: If your program is providing meals for its clients, please include the total # of meals for this month. For example, if your agency serves 25 people 3 meals a day for 30 days, you would have served 2,250 meals for that month: 25x3x30=2,250. (Note: a snack =1/2 meal: 25x3.5x30=2,625).

10. Zip Codes Served: If you do not serve all zip codes, please list the zip codes your agency serves. This information can and will change.

11. Client Choice: A form of distribution. Client Choice allows the client to select pantry items based on their choice of product/items available through your pantry. If you are not a pantry, please skip this entry.

12. Social Services: If your agency provides any of the services listed, please provide the number of clients receiving services.

13. Client Referrals: If you were unable to provide services to client did you refer them to other agencies?